



Medical Research Council
Brain Injuries Committee

A GLOSSARY OF PSYCHOLOGICAL TERMS

COMMONLY USED IN CASES OF HEAD INJURY

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A GLOSSARY OF PSYCHOLOGICAL TERMS

Commonly Used in Cases of Head Injury

The following glossary has been prepared by the Brain Injuries Committee with the object of securing a greater measure of uniformity in the terminology used in case notes on patients with head injuries. Hitherto there has been no generally accepted definition of the terms commonly used to describe the clinical effects of trauma upon the brain, but the notation set out below is already in use at the special centres for the treatment of head injuries, and it is hoped that its publication in this form may facilitate its adoption as a standard terminology throughout the medical services. It would clearly be of great assistance to the clinicians responsible for the diagnosis and treatment of cases referred to the special centres if the notes sent with each patient were based on an identical use of technical terms by every medical officer who had seen him from the time of injury. The glossary is issued as a contribution to this ideal.

The terms defined refer to the commoner psychological disturbances after head injury, but the list is by no means complete. The definitions are intended also to be useful for abbreviating description and for facilitating the exchange of information between different observers. They are arbitrary and may not readily find universal acceptance; but since many of the terms have in the past been used in varying senses, it seems essential, to avoid further ambiguity, that fixed definitions should be accepted and used.

The prefix "traumatic" as used in this glossary denotes that the symptoms are due to the physical effects of head injury on cerebral function. It may be added as a qualification to the appropriate term wherever applicable—e.g. in "traumatic semicoma"—but its use should be obligatory for the terms to which it is attached in the list below.

COMA: A state of absolute unconsciousness, as judged by the absence of any psychologically understandable response (including, for example, change of expression) to external stimuli or inner need.

Note:—If a patient is comatose it is important to record the state of activity at levels of nervous integration lower than that which is the substratum of consciousness. Such activities are reflex—e.g. swallowing, pupillary and corneal reflexes, tendon jerks, plantar responses.

It is not uncommon to hear it said of a patient who is comatose and cannot swallow that he is "deeply unconscious." This statement has no real value. He should be said to be comatose with loss of swallowing reflex.

SEMICOMA: A state in which psychologically understandable responses are elicited only by painful or other disagreeable stimuli, e.g. pinching the skin, shaking the patient vigorously.

CONFUSION: (Clouding of Consciousness) Disturbance of consciousness, characterised by impaired capacity to think clearly and with customary rapidity, and to perceive, respond to, and remember current stimuli; there is also disorientation.

Note:—When a patient is said to be suffering from confusion the degree (see below) should always be specified.

Degrees of Confusion.

Mild.—A state in which the patient, though presenting the characteristic features of confusion in some degree, is capable of coherent conversation and appropriate behaviour.

Moderate.—A state in which the patient, though out of touch with his surroundings, can be got to give relevant answers to simple questions such as "What work do you do?" "How old are you?", "Where do you live?"

Severe.—A state in which the patient, though for the most part inaccessible, will occasionally show adequate response to simple commands forcibly given and, if necessary, reinforced by appropriate gestures, e.g. "Put out your tongue," "Take my hand."

DELIRIUM: A state of much disturbed consciousness (confusion) with motor restlessness, transient hallucinations, disorientation and perhaps delusions.

TRAUMATIC STUPOR: A state in which the patient, though not unconscious, exhibits little or no spontaneous activity. In traumatic stupor there is always confusion.

TRAUMATIC AUTOMATISM: A state in which the patient, though capable of responding normally to his immediate environment, subsequently has amnesia for the period in question. In this state there is always some degree of confusion with disorientation.

CONCUSSION: A state of unconsciousness, or impaired consciousness, however fleeting, suddenly produced by mechanical force applied to the skull, and usually followed by retrograde amnesia.

TRAUMATIC DEMENTIA: Progressive mental impairment, predominantly of the intellectual functions, resulting from structural damage to the brain.

TRAUMATIC INTELLECTUAL IMPAIRMENT: Impairment of the intellectual functions which may be persistent or recoverable, but is not progressive, resulting from structural damage to the brain.

TRAUMATIC PERSONALITY DISORDER: Alteration of temperament and character which may be persistent or recoverable, but is not progressive, resulting from structural damage to the brain.

MALINGERING: Intentional simulation of symptoms.

HYSTERIA: A condition in which mental and physical symptoms not of organic origin are produced and maintained by motives never fully conscious, directed at some real or fancied gain to be derived from such symptoms.

Note.—The adjective hysterical may be applied either to this condition or to the type of psychopathic personality common among those who develop this condition, but it should not be applied—as is often done—to behaviour which is merely uncontrolled and emotional.

INSIGHT: Capacity for arriving at as objective and correct an estimate of any impairment due to one's illness as would be arrived at by a detached onlooker with equal access to relevant facts.

JUDGMENT: Capacity for arriving at reasonable conclusions, leading to well adapted behaviour, especially as indicated by conduct in the practical affairs of daily life.

COMPREHENSION: Capacity to integrate diverse percepts and/or ideas and to understand the relation between them and one's personal experience.

AMNESIA: Impairment of memory, however caused. It is most commonly applied to incapacity to recall particular topics or the happenings of a particular period.